

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

SEP 17 1934

29961

**1. PLACE OF DEATH**

County Linn Registration District No. 496  
Township Brookfield Heights Precinct Registration District No. 3025  
City Marceline (No.       ) St.        Ward       

File No.         
Registered No. 72  
St.        Ward       

**2. FULL NAME**

Peggy Lou Tleshman  
(a) Residence, No. 138 E. Hammer St. Marceline Mo. Linn Co.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 5, 1932</u>		
7. AGE <u>1</u> YEARS	<u>4</u> MONTHS	<u>29</u> DAYS
		IF LESS than 1 day, hrs. min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) La Plata Mo  
(STATE OR COUNTRY)

FATHER  
13. NAME Lewis Tleshman  
14. BIRTHPLACE (CITY OR TOWN) La Plata Mo  
(STATE OR COUNTRY)

MOTHER  
15. MAIDEN NAME Louise Moncrief  
16. BIRTHPLACE (CITY OR TOWN) La Plata Mo  
(STATE OR COUNTRY)

17. INFORMANT Louise Tleshman  
(ADDRESS) Marceline Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE La Plata County DATE Aug 6, 1934

19. UNDERTAKER J. D. Russell  
(ADDRESS) Marceline

20. FILED Aug 6, 1934 J. H. Lucas  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4, 1934

22. I HEREBY CERTIFY, That I        deceased from       

8-4, 1934, to 8-4, 1934

I last saw her alive on 8-4, 1934. Death is said

to have occurred on the date stated above, at 6:10 PM.

The principal cause of death and related causes of importance were as follows:

Acute dilatation of heart

10:10 PM

Other contributory causes of importance Pneumonia - bronchial (P)

Name of operation None Date of       

What test confirmed diagnosis? Usual Was there an autopsy?       

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?        Date of injury       , 19      

Where did injury occur?        (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury       

Nature of injury       

24. Was disease or injury in any way related to occupation of deceased?

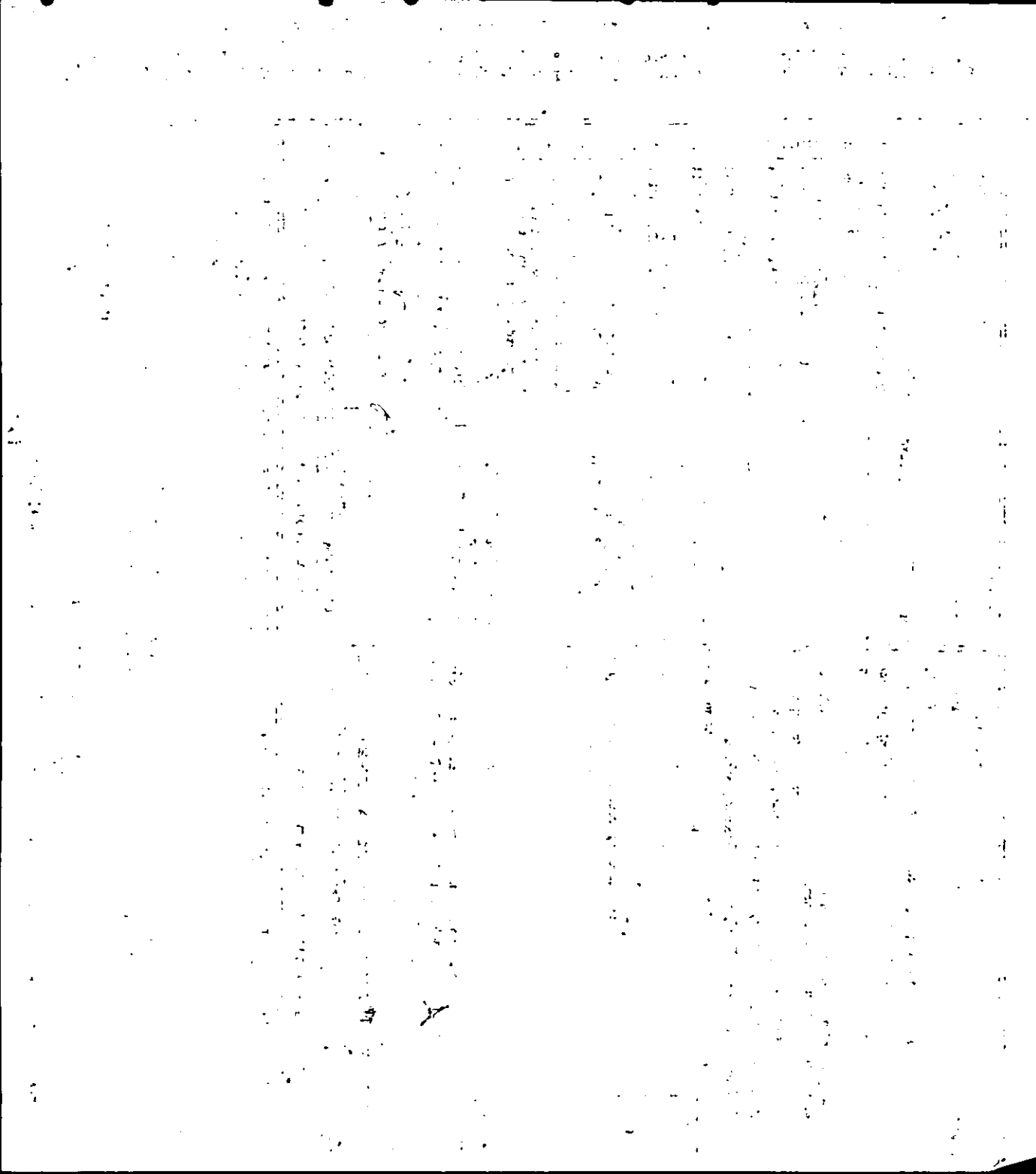
If so, specify       

(Signed) J. C. G. Smith, M. D.

(Address) Brookfield Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



#2 *Linn*

## DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,  
Special Agent,  
Jefferson City, Mo.

76

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Peggy Lou Fleishman  
Who died at \_\_\_\_\_ on Aug - 4 - 1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex F Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 1 Months 4 Days 29

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. 107 a

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_  
Birthplace (State or country) Acute dilatation of heart  
Birthplace of father (State or country) \_\_\_\_\_  
Birthplace of mother (State or country) \_\_\_\_\_  
Principal cause of death: Pneumonia - Bronchial

Other contributory causes of importance Pneumonia - Bronchial  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
Name of physician \_\_\_\_\_  
Address of physician \_\_\_\_\_  
(Signature of Registrar J. J. Ducaud M. D.) Date filed \_\_\_\_\_

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 496

Very truly yours,

Primary Reg. Dist. No. 3025Special Agent. K

State Registrar

1966-8

1966-8

1966-8

1966-8

1966-8